

**Bernalillo County Housing Department
1900 Bridge Blvd. SW
Albuquerque, NM 87105
(505) 314-0200**

TO: All Applicants

FROM: Betty Valdez, Housing Director

DATE: September 29, 2008

RE: **WAITING LIST APPLICATION INSTRUCTIONS**

ATTACHED YOU WILL FIND DIRECTIONS FOR COMPLETING AN APPLICATION FOR OUR HOUSING PROGRAMS.

1. Complete the attached application and submit to housing.

Applications will be accepted:
Monday – Friday
7:00 a.m. to 5:30 p.m.

Please be advised, if your application packet is incomplete or does not have all the required documentation, your name will not be added to the waiting list. Therefore, make sure you have all the required documentation at the time you turn in your application.

2. Waiting list status checks.

- Once your application is accepted and added to the computer database, you can expect to receive a letter from us within 10 business days.
- If you do not get this letter, contact our office immediately. This could indicate a problem with your application.
- When you get your letter stating you have been added to the waiting list, we suggest you contact our office every 3 to 6 months to check your position on the waiting list. If you call sooner, you may not get an accurate listing.

3. Keeping your application current.

- As you spend time on our waiting list, your circumstances may change, please report those changes to our office as it affects your position on the waiting list.
- If you move or have a new phone number, please report the change as soon as possible as we communicate with you through the mail.
- Please remember that not reporting these changes could affect the amount of time you spend on the waiting list.

**It is your responsibility to make sure the information
in your application is current and up to date!!**

Required Documentation for Completed Housing Application

We require a copy of the following information on all Household Members that are listed on your application. **(NO ORIGINALS—COPIES ONLY) (ALL INFORMATION MUST BE CURRENT)**

I. Identification Verification

- A. **Driver's License or Photo ID**
- B. **Proof of Birth:** Original Birth Certificates or Original Baptismal Certificates, or other acceptable 3rd party verification is required.
- B. **Social Security Numbers:** Social Security Cards, Printout from Social Security Administration (it's called a numident).
- C. **Proof of Marital Status:** Marriage License, Divorce Papers.
- D. **Proof of Residency:** If you or any family members are not citizens, please provide a copy of the individual's Resident and temporary Social Security Cards.
- E. **Proof of Veteran's Status** Copy of your DD214-Discharge Record

II. Income Verification

- A. Social Security, Social Security Disability and/or Veterans **AWARD LETTERS**
- B. Letter from employer, with **START DATE, HOURS WORKED PER WEEK** and **HOURLY WAGE** and **HOW OFTEN PAID**, this information should include any **TIPS** you make.
- C. **TANF Benefits** (formerly known as AFDC), please supply **FOOD STAMP** benefits as well.
- D. **GENERAL ASSISTANCE** (GA) Benefits

III. Preference Verification

This is the way applicants are placed on the waiting list. The higher the points, the sooner you could receive housing. To receive the appropriate preference, you need to be able to provide proof and verification of your circumstances. **(SEE ATTACHED LOCAL PREFERENCES)**

Attached you will find a complete list of preferences you can qualify for, as well as the appropriate documentation you will need to provide to prove and verify your circumstances.

LOCAL PREFERENCES

1. **(4 Point Preference)** Disabled OR Elderly OR Working OR Veterans OR CYFD transitioning youth
Disabled category: Applicant not able to work and receiving SS, SSI, SSDI, VA.
Documentation:
 1. Award letter or current printout from Social Security or the VA or any other documentation that proves 100% disability.**Elderly category:** Applicant must be 62 or over
Documentation:
 1. Birth certification or baptismal**Working category:**
 - A. Families with at least one adult who is employed at least 30 hours per week for 3 months.
Documentation:
 1. Letter from employer (with start date and # of hours worked per week and hourly rate).**Veteran category:** Applicant must be an honorably discharged veteran or surviving spouse of an honorably discharged veteran.
Documentation:
 1. DD214 Discharge Record**CYFD transitioning youth category:** Must be CURRENTLY involved with CYFD, Juvenile Justice or Protective Services and are transitioning out of foster care.
2. **(5 Point Preference)** Displaced by Bernalillo County Code Enforcement **(ONLY)**
Documentation:
 1. Copy of the **NOTICE TO VACATE** issued by BC Code Enforcement.
3. **(7 Point Preference)** Federal Disaster Affected Families displaced as a result of a declared federal disaster that are Section 8 Voucher Holders or Public Housing Residents in another jurisdiction.
Documentation:
 1. Paperwork issued by the United States Government (Ex. HUD, FEMA etc.), showing eligibility for assistance.

LOCAL PREFERENCES SELECTION

Please check all that apply and attach proof of that preference to the application.

NOTE: **NO MORE THAN ONE PREFERENCE IS GIVEN PER APPLICATION, SO MAKE SURE YOU SELECT THE PREFERENCE THAT GIVES YOU THE HIGHEST POINTS AND SHOW PROOF FOR THAT PREFERENCE.**



4 POINT PREFERENCE

_____ Working full time (30 hrs/week for the immediate past 3 months). We need employment records containing start date, # of class hours, hours worked per week, rate of pay, and how often paid, as applicable for verification. **(PAY STUBS WILL NOT BE ACCEPTED)**

_____ Elderly (62 years of age or older)

_____ Disabled (receiving SS, SSI, SSDI or VA Benefits)

_____ A honorable discharged veteran or surviving spouse of an honorably discharged veteran.

_____ A transitioning youth from CYFD, Juvenile Justice or Protective Services must have a referral letter attached to application.



5 POINT PREFERENCE

_____ Displaced by Bernalillo County Code Enforcement **(ONLY)**
(Provide a copy of the NOTICE TO VACATE issued by Bernalillo County)



7 POINT PREFERENCE

_____ Federal Disaster-Affected Families that Section 8 Voucher holders or Public Housing Residents in another jurisdiction.

**Bernalillo County Housing Department
Section 8 and Public Housing Application**

A. Household Information:

Legal Name	Relationship to Head	Sex M/F	Birth Date	Age	SS#	Race Circle One	Ethnicity Circle One	Legal Resident or Citizen Y/N	Veteran Y/N	Student Y/N
	Head					a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			

What is the Head of Household's marital status? (Circle one)

- a. Married (Name of Spouse: _____)
- b. Never been married
- c. Divorced
- d. Separated
- e. Widowed

What is your mailing address?

Street Address		City	State	Zip

What is your phone #?

Home #	Work #	Message #	Cell #

Alternative Contact Information:

Name	Relationship	Phone #	Phone #

B. Household Income:

1. Employment: Yes _____ No _____ (letter from employer showing start date, hours worked, hourly wage and how often paid):

Name of Household Members who are employed	Hourly Rate of Pay	Hours Worked per Week	Employer's Name	Employment Start Date

2. Self-Employment: Yes _____ No _____ (current tax forms or itemized statement)

Name of Household Members who are self employed	Monthly Gross Income	Name of Company	Average # of hours worked per week	Type of Business

3. Social Security: Yes _____ No _____ (proof of benefit)

Name of Household Members who receive Social Security Benefits	Soc. Sec. Amt. per Month	SSI Amt. per Month	SSDI Amt. per Month

4. VA/Pension/Retirement Benefits: Yes _____ No _____ (proof of benefit)

Name of Household Members who receive Pension/Retirement	VA Benefits Amt. per Month	Pension Amt. per Month	Retirement Amt. per Month

5. Other: TANF/Food Stamps/Child Support/Alimony: Yes _____ No _____ (proof of income/benefit)

Name of Household Members who receive TANF/Food Stamps/Child Support/Alimony	TANF Amt. per Month	Food Stamp Amt. per Month	Child Support/Alimony Amt. per Month

6. Higher Education/College: Yes _____ No _____ (school schedule showing credit hours and financial assistance)

Name of Household Members attending College	Name of School	Credit hours enrolled/attending (f/t or p/t status)	Grants/ Scholarships Amt.	Student Loan Amt.

C. Assets:

1. Checking Accounts/Savings Accounts/Bonds/Certificates of Deposits (CDs) that exceeds \$5000 in value: Yes _____ No _____

Name of Household Member with Accounts	Checking Account Balance	Savings Account Balance	Bond Amt.	CD Amt.

2. Property Ownership: Yes _____ No _____ (Deed of property ownership, Property assessment from the assessor's office)

Name of Household Members who owns OR has sold property in the last 2 years	Address of Property	Value of Property	Amt. Owed on Property

D. Miscellaneous Items:

- Have you, your spouse or any other household member over the age of 18, ever received any type of rental assistance from us or any other housing agency? Yes _____ No _____ If yes, Name/Location of Agency: _____
When: _____
Do you owe \$ to that Housing Agency? Yes _____ No _____ If yes, how much? _____
- Have you or any household members ever been involved in any alleged Criminal or Drug related incidents within the past 5 years? Yes ___ No ___
If yes, Name of Family Member involved: _____
When: _____ Location: _____
Brief Description of what happened: _____

E. Disability Declaration: *THIS IS STRICTLY VOLUNTARY*****

A person with a disability, as defined under federal civil rights laws (24 CFR Parts 8.2, 25.104, and 100.201), is any person who:

- * Has a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or
- * Has a record of such impairment, or
- * Is regarded as having such impairment.

The phrase "physical or mental impairment" includes:

- * Any physiological disorder or condition, cosmetic or disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitor—urinary; hemic and lymphatic; skin; and endocrine; or
- * Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to such diseases and conditions as orthopedic, visual, speak and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

"Major life activities" includes, but is not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, breathing, learning, and/or working.

"Has a record of such impairment" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

"Is regarded as having an impairment" is defined as having a physical or mental impairment that does not substantially limit one or more major life activities but is treated by a public entity (such as a PHA) as constituting such a limitation; has none of the impairments defined in this section but is treated by a public entity as having such an impairment; or has a physical or mental impairment that substantially limits one or more major life activities, only as a result of the attitudes of others toward that impairment.

Does the previous definition of a "disability" describe the situation for your family? Yes _____ No _____

If yes, does that member of your household require a handicapped accessible unit or any other reasonable accommodations? Yes _____ No _____ If yes, please explain: _____

F. Programs you are applying for:

- _____ Section 8
- _____ Seybold Village/Mobility Impaired Required (South Valley Location ONLY)
- _____ El Centro/Elderly 62 years old and over (South Valley Location ONLY)
- _____ El Centro/UPB 55-61years old (South Valley Location ONLY)
- _____ Family Unification Program (through CYFD ONLY)

G. Certification:

Section 35(a) of the U.S. Criminal Code makes it a criminal offense, punishable by a maximum of 10 years imprisonment, \$10,000 fine or both to make a false statement or misrepresentation to any department of the U.S. as to any matter within their jurisdiction.

Knowing the penalty for making a false statement under the U.S. Criminal Code, I hereby certify the aforementioned information is a true and full statement.

I understand that filling this application does not guarantee that I will be offered housing assistance.

SIGNED: _____ DATE: _____

Head of Household

SIGNED: _____ DATE: _____

Spouse/Co-Head

OFFICE USED ONLY:	_____ Preference given	_____ Description	_____ Entry Initial	_____ Date Entered on WL
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